## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L99000007919

1. Entity Name BREEZEWAY REALTY, L.L.C.

FILED
Feb 06, 2008 08:00 All
Secretary of State

Principal Place of Business

Mailing Address

13105 NORTHWEST 42ND AVENUE OPA LOCKA, FL 33054 US 13105 NORTHWEST 42ND AVENUE OPA LOCKA, FL 33054 US



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0962171

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, BRIAN D 13105 NORTHWEST 42ND AVENUE OPA LOCKA, FL 33054

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chains of registered agent.	anging its registered	office or registered agent, or both, in the Stat	ie of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered	Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS		•	
TITLE	MGR			•
NAME	CHAPLIN, WAYNE E			
STREET ADDRESS	1600 N.W. 163RD STREET		r r	
CITY-ST-ZIP	MIAMI, FL 33169			
TITLE	MGR			
NAME	HOLLAND, BRIAN			

000000817055 02/14/08-80078-005 138.75

## DO NOT WRITE IN THIS SPACE

STREET ADDRESS | 13105 NORTHWEST 42ND AVENUE CITY-ST-ZIP OPA LOCKA, FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP INLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS.

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the region or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #